

**BUSINESS ENTITY ENDORSEMENT**

LIC 411-8A (Rev 09/08)

Producer Licensing Bureau  
P.O. Box 1139  
Sacramento, CA 95812-1139  
(916) 322-3555 or (800) 967-9331  
www.insurance.ca.gov

Pursuant to Section 1627 and 1661 of the Insurance Code

License Number of Business Entity:

Please **PRINT** or **TYPE**:

Business Entity Name:
Mailing Address:
City, State, Zip:

**TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA: NOTICE IS HEREBY GIVEN THAT EFFECTIVE FROM THE DATE OF FILING OF THIS NOTICE, THE BUSINESS ENTITY HEREBY ENDORSES THE PERSON(S) NAMED TO EXERCISE THE AGENCY OR BROKERAGE POWERS OF THE BUSINESS ENTITY.**


**NOTE:** Enter only ONE endorsement type per line. \*\* (Exception SL/SP)

\***AH** - Accident and Health Agent \***LO** - Life-Only Agent **LOLP** - Life-Only Limited to Funeral & Burial Expenses  
**FX** - Fire/Casualty Broker-Agent **AU** - Limited Lines Automobile Insurance Agent **LA** - Life and Disability Analyst  
**CS** - Cargo Shipper's Agent **CI** - Credit Insurance Agent **PL** - Personal Lines Broker Agent **MC** - Motor Club Agent  
**SL** - Surplus Line Broker **SP** - Special Lines' Surplus Line Broker **\*\*SL/SP** - Surplus Line and Special Lines' Surplus Line Broker

\*\*\*If you are endorsing an applicant for an insurance license, submit only one name per form and attach the form to the application.

	**Endorsement Type	Endorsee's Social Security Number	Endorsee's Name (as shown on license)	Effective Date of Endorsement
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**SIGNATURE** and title of authorized representative.

	Title:	Date:
E-mail:		Phone Number: (    )

\***FILING FEE:** Submit \$24 per endorsement type. Enter number of endorsements:

X \$24

\* If endorsing both Life-Only Agent and Accident and Health Agent submit only one filing fee.

For Credit Insurance applicants only: submit \$35 per endorsement.

1. If you are submitting only an endorsement:

**Mail Endorsement form and fee to ►**

**OR**

California Department of Insurance

P.O. Box 957

Sacramento, CA 95812-0957

\*\*\*2. If endorsement is being submitted with original application

**Mail Endorsement form with application and fee to ►**

California Department of Insurance

P.O. Box 1139

Sacramento, CA 95812-1139